



Bureau Talk

Missouri Department of Health
Bureau of Home Care and Rehabilitative Standards

Volume 01-2 – June 2001



Website

Check out our
new website!
(See screen print)

Available July 1st!

www.health.state.mo

New Names

Bureau of Home Care and Rehabilitative Standards

Bulletin Board (Hot Topics)

Home Health

[State Licensure](#)
[State Statute RSMo](#)
[Code of State Regulations CSR](#)
[Forms](#)
[Applying for State Licensure](#)
[Home Health Advisory Council](#)
[Chow – Forms](#)
[Interactive Map](#)

Medicare Participation

[Home Health Federal Statute](#)
[Federal Interim Guidelines CRR](#)
[Initial Medicare Participation - Forms](#)
[Fiscal Intermediary Directory](#)
[OASIS](#)
[Bureau's Frequently Asked OASIS Questions](#)
[Chow – Forms](#)
[Interactive Map](#)

Outpatient Physical Therapy (OPT)

[Medicare Participation](#)
[Federal Interim Guidelines](#)
[Initial Medicare Participation - Forms](#)
[Chow – Forms](#)
[Interactive Map](#)

Hospice

[State Licensure](#)
[State Statute RSMo](#)
[Code of State Regulations CSR](#)
[Forms](#)
[Hospice Advisory Council](#)
[Chow – Forms \(Call Office\)](#)
[Interactive Map](#)

Medicare Participation

[Hospice Federal Statute](#)
[Federal Interim Guidelines CRR](#)
[Initial Medicare Participation - Forms](#)
[Fiscal Intermediary Directory](#)
[Chow – Forms](#)
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Comprehensive Outpatient Rehabilitation Facility (CORF)

[Medicare Participation](#)
[Federal Interim Guidelines](#)
[Initial Medicare Participation - Forms](#)
[Chow – Forms](#)
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[Bureau Talk \(Informational Bulletins\)](#)

[Bureau Agency Directory](#)

In case you have not heard, the Health Care Financing Administration (HCFA) has been renamed. It is now the Centers for Medicare & Medicaid Services (CMS). You may see or hear of both references in the future. There will be three Centers within CMS – the Center for Medicare Management (CMM) which will focus on management of the traditional fee-for-service Medicare program; the Center for Beneficiary Choices (CBC) focusing on the Medicare+Choice program; and the Center for Medicaid and State Operations (CMSO) focusing on the programs administered by the States. (This Center includes survey and certification functions and is only Center without a name change.) There will be more changes to watch for in this reorganization process.



HEALTH

Another change that doesn't become effective until August 28, 2001 - the Department of Health will be renamed the Department of Health and Senior Services. HCFA and the Department will have new logos, etc. Look in future issues to get the latest news. ♦

Background Checks

Family Care Safety Register

There have been questions as to how to obtain background checks through the Family Care Safety Registry (FCSR.) Many employers state they send the registration information and fee for their employees to the FCSR and never receive anything back concerning their employees. Per Nancy Schulte, Program Director for FCSR, employers must **request** the background information. The information sent to the FCSR is for registration purposes only. The employer must make a request for the background information before they can receive it. Generally, the background information is mailed the same day the request is received by FCSR. The requested background information is free of charge; the registration fee is \$5.00. For further information, please contact the FCSR at 866/422-6872 or their web site: www.health.state.mo.us/FCSR . ♦

Adult Care Centers

Information on Licensed Centers



HCFA, or the newly named Centers for Medicare and Medicaid Services (CMS), is now allowing homebound home health patients to attend an adult care centers if licensed by the state. Further, CMS (HCFA) made it the responsibility of the home health agency to check for licensing. The contact person for this information is Cheryl Korsmeyer with the Division of Aging. She can be reached at 573/526-8524. Cheryl has been made aware that home health agencies will be contacting her for this licensing check. Enclosed is a directory of licensed centers, but you will still need to check with Cheryl to ensure the license is current and active. ♦

The following
information is
being repeated
from the
December 2000
Bureau Talk



There have been many questions and much discussion regarding the social and vocational service screening requirement for OPTs. The following information is directly from CMS (HCFA): As long as the patient's record is clearly documented to indicate the patient does not require social/vocational adjustment services, CMS (HCFA) would not require a "face to face" evaluation with the patient by the OPT; however the documentation must be per a physician, qualified psychologist, social worker, etc. who has evaluated the patient "face to face."

OPT's

Also a letter was mailed in December 2000, to all OPTs in the state. The letter stated "In order to determine which patients need social or vocational adjustment services, all patients need to be screened."

Please refer to 42 CFR 485.703 for definitions which state: A rehabilitation agency is an agency that: (1) Provides an integrated multidisciplinary rehabilitation program designed to upgrade the physical functioning of handicapped disabled individuals by bringing specialized rehabilitation staff together to perform as a team; and (2) Provides at least the following services: (i) Physical therapy or speech-language pathology services. (ii) Social or vocational adjustment services.

Under 42 CFR 485.705 personnel qualifications, a social worker is a person who is licensed by the State in which he is practicing if the State licenses social workers, is a graduate of a school of social work accredited or approved by the Council on Social Work Education, and has 1 year of social work experience in a health-care setting. A vocational specialist is a person who has a baccalaureate degree and: (1) Two years experience in vocational counseling in a rehabilitation setting such as a sheltered workshop, State employment service agency, etc.; or (2) At least 18 semester hours in vocational rehabilitation, educational or vocational guidance, psychology, social work, special education or personnel administration, and 1 year of experience in vocational counseling in a rehabilitation setting; or (3) A master's degree in vocational counseling. ♦

NEW

State Hospice Regulations

The new revised hospice regulations will be published in final form in the Missouri Register in July. These regulations will be effective August 30th and implemented September 1, 2001. A copy of these regulations will be mailed from the Bureau sometime in late July, first of August. Any survey conducted at your hospice beginning September 1st will be done per the new regulations. However, if your agency is due a follow up for an earlier survey, it will be conducted under the same regulations by which the deficiency was written. These regulations will also be available on the Bureau's web site. Please do an extensive review of your hospice to assure compliance with the new regulations. **Remember** – These are state regulations only. If you are a Medicare certified hospice, the Medicare regulations also apply to your hospice and whichever regulation is more stringent, that regulation must be followed. ♦

OBQM Reports

Medicare home health agencies have access to the Outcome Based Quality Monitoring (OBQM) reports, which consist of the case-mix and adverse event outcome reports. Using these reports is a first step toward implementation of the outcome-based quality improvement (OBQI) system. As part of the Medicare conditions of participation (CoPs,) agencies are currently required to conduct an annual evaluation of their total program, 484.526 (a), and to conduct quarterly clinical record review to evaluate care provided, 484.52 (b). CMS (HCFA) expects home health agencies to incorporate a review and investigation of these reports into their evaluation and patient care review programs and include them as part of their quarterly record review. Policies should address how each agency will utilize the OBQM reports.

As part of the pre-survey preparation, surveyors will access and review the OBQM reports before surveying an agency. Information from the reports may identify areas to be reviewed during the survey process and identify patients, or types of patients, to be included in the record review and home visit part of the survey. Surveyors will not solely rely on these reports for survey activity; surveys will continue to be conducted in the same manner and format as currently done. This process may include a review of policies if problematic areas are identified.

There is a lot of information, as well as misinformation, circulating right now. Our Bureau and survey staff attempt to keep providers informed of the latest information as it is received. Keep in mind, a lot of people are using scare tactics to make money from all the changes in the Medicare home health program.

Remember to maintain the confidentiality of all patient information including the OBQM reports. They may not be released to the public by either the State or the agencies. ♦

Goodbye-Farewell-So Long-You'll Be Missed

SPECIAL NOTE for anyone who has been involved in hospice operations for a number of years – Adell Peterson, HFNC with the Bureau, will be leaving our employment June 30th. Yes, she is retiring to be involved with grandchildren and her community. She has been a valued asset to both the state's hospice industry and to our Bureau and she will be missed. ♦

NOTICE

Home Health Plan of Correction

Please read the cover letter mailed with your home health deficiency list (2567). Due to reporting changes in the federal Medicare program, home health agencies are receiving both a State and Federal deficiency list. This process now requires both documents to be signed, dated and a plan of corrections written for the two documents. As stated in the cover letter, you may reference your Federal plan of corrections on the state document; therefore eliminating the need to duplicate the Federal plan on the state form. ♦

Qualifications

Home Health Administrator

Please refer to the definition section of the Medicare Conditions of Participation for Home Health Agencies for qualifications of an Administrator. It clearly defines who may fill that role for your agency. The Administrator is a person who: (a) is a licensed physician; (b) is a registered nurse; or (c) has **training and experience in health service administration** and at least 1 year of supervisory or administrative experience in **home health care or related health programs**. Many administrators submitted to our office for approval this past year did not meet the qualifications at (c). Also, when authorizing a person to act in the absence of the administrator, that person must meet these qualifications. ♦

Expansions

Due to process changes from CMS (HCFA), agencies wishing to add a branch office, extension site, etc. to any Medicare provider agency will be required to have an 855 approved by the Fiscal Intermediary prior to receiving state approval. This may extend the timeframe for completion of such expansion. ♦

Councils

Home Health and Hospice Advisory Councils have new members.

If you have concerns or questions pertaining to either council, you may contact our office or any of the council members.

Home Health:

Ruth Castellano, BJC Home Care Services
Teresa McCollough, VNA of Southwest MO
Betty Anderson, Ralls County Home Health Agency
Helen Morgan, John Knox Village Home Health Agency
Willetta Rogers, Consumer
Gloria Metzger, Consumer
Erma Cunningham, Consumer
Fern Dewert, Bureau Representative.

Hospice:

Elaine McIntosh, Kansas City Hospice
Mary Dyck, Riverways Hospice of Ozarks Medical Center
Susan O'Kane, American Heartland Hospice
Jim Pierce, Hands of Hope Hospice
Audrey Ryan, SSM Hospice.